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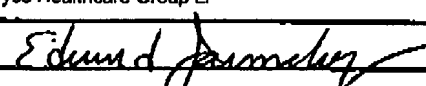
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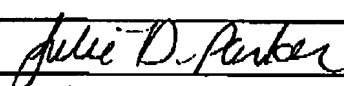
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/784,323	
	Filing Date	02/23/2004	
	First Named Inventor	Matthew J. PERRY	
	Art Unit	3784	
	Examiner Name	Michael A. BROWN	
Total Number of Pages in This Submission	<u>4</u>	Attorney Docket Number	1828K US (1)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Tyco Healthcare Group LP		
Signature			
Printed name	Edward S. Jarmolowicz		
Date	4/11/2007	Reg. No.	47,238

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Julie D. Parker	Date
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Docket No. 1828K US

## PATENT

Attorney Docket 1828K (1)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

5 Applicants: Perry et al. Examiner: Michael A. Brown  
Serial No.: 10/784,323 Art Unit: 3764  
10 Filed: February 23, 2004 Confirmation No.: 8720  
For: Compression Treatment System

CERTIFICATE OF FAXING

I hereby certify that this paper for a total of 14 pages are being faxed to the USPTO to (571) 273-8300 on the date shown: **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

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Julie D. Parker  
Julie D. Parker

Date

4/11/07FINAL REJECTION

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Dear Examiner Brown:

Thank you for the allowance. Please consider our  
corrections to 35 USC section 112 rejections starting at page  
25 13. The amended claims start on page 2.